

LESSON PLAN

ALCOHOL AND DRUG ABUSE

TASK: Understand the concepts related to prevention of drug and alcohol abuse and apply them to a military unit.

CONDITION: In a small group discussion environment.

STANDARD:

- a. All participants will be able to define prevention.
- b. All participants will be able to explain the three levels of prevention.
- c. All participants will be able to explain three models of prevention.

LENGTH OF INSTRUCTION: 1 HOUR

Notes to instructor: This lesson is a summary of several longer classes which deal extensively in these areas. Your local military medical facility and/or Alcohol & Drug agency can assist you if you choose to explore these subjects in more depth with your soldiers

“Drug and alcohol abuse is a serious problem whenever and wherever it occurs. Drug abuse is often illegal in and of itself because of the nature of the drugs being used. Alcohol abuse is rarely illegal, except in the base of underage drinkers. Both drug and alcohol abuse, however, are tragic. The real cost is not in broken laws, but in broken lives.

This lesson will help each of you understand some things that you can do to help prevent drug and alcohol abuse. Some of the concepts are fairly simple, others are more difficult. This effort, however, is vital and deserves your full attention—not only in this class but in your day-by-day duty conduct.

PREVENTION

Prevention may be defined as: **A proactive process which empowers soldiers and systems to meet the challenges of life (and life changing events) by creating and reinforcing conditions which promote healthy behaviors and lifestyles.**

What does this mean? “Proactive” means that prevention looks ahead, focusing on seeing problems before they occur, rather than simply reacting to them. Both individual soldiers” and “systems” (like the chain of command) are involved in prevention. Prevention deals with both day-by-day life and with major, stressful events (like divorce or death). Finally, prevention involves positive lifestyles, not simply avoiding harmful practices.

Discussion Question: Given this understanding, what are examples of prevention which you see happening in this unit?

THREE LEVELS OF PREVENTION

There are three levels of prevention. The main difference between them is **when** they occur.

Primary Prevention. This type of prevention promotes healthy individuals, lifestyles, and behavior. An Army-wide example is the “Fit to Win” program.

Secondary Prevention. This type of prevention intervenes at the early signs of trouble or disease to change troubled behaviors, reduce the crisis, or stop disease. An individual example might be a First Sergeant noticing that a soldier is experiencing a great deal of stress and recommending that it would be a good time to take a few days leave.

Tertiary Prevention. Tertiary means “third,” or “third level.” Tertiary prevention treats, rehabilitates, or reconstructs. An example of tertiary prevention is the military’s “Track III” alcohol abuse program.

Discussion Question; Other than the examples given above, what are some examples of each level of prevention in this unit, on this post, or in the Army. What are some other things you think could be done to prevent drug and alcohol abuse? Which level of prevention do these suggestions fall into?

THREE MODELS OF PREVENTION

Although individual responsibility is the key to prevention of drug and alcohol abuse, there are many things which commanders, installation agencies, and the Army as a whole can do to help individual soldiers choose health. Since these things involve many different people working together, they are called “systemic” models. There are three of these models which are often used as a means to plan the “mission” of prevention.

The Public Health Model. This model is based on identifying three things which lead to a problem; the **host** (or individual), the **agent** (or substance), and the **environment** (which is the conditions in which the host and agent exist). For example, in the case of alcohol abuse the host is the soldier abusing the alcohol, the agent is the alcohol itself, and the environment is where the soldier drinks. (Actually there can be several environments. The physical environment is where the soldier drinks, the social environment is involves when and with whom a soldier drinks, and so forth.)

The point of this model is that prevention involves dealing with each aspect of this problem, host, agent, and environment; not just one. Using the example above, it would do little good to try and attack the environment (like closing down the club and placing all off-post bars off limits); an alcoholic will always find a place to buy liquor. Likewise it is probably not very practical to solely attack the agent—alcohol itself—which is present almost everywhere in one form or another. However, trying to deal with the host, the soldier, without providing that soldier some tools to resist environments where drinking occurs or with the affects which alcohol may have already had on his or her body, is also an incomplete approach.

Discussion question. Does this model make sense to you? How would you use it to examine a health or safety problem you are aware of?

The Risk Reduction Model

This model focuses on primary and secondary prevention. It attempts to identify behaviors (and occasions) which are “high risk,” and reduce or eliminate them. Importantly, this approach includes discouraging things which lead soldiers to believe that high risk behaviors are a good or “cool” thing. A specific example might involve prohibiting soldiers from displaying drug-related symbols or posters in the barracks.

Discussion questions: What are some risks which you think could be reduced in this unit, on this post, off post, or in the Army as a whole? How would you do this?

The Systems Thinking Model

This model emphasizes that solutions to problems often involve the commitment of a system in addition to assumption of responsibility by individuals. This model involves multiple agencies or commander, assumes that they will work together (collaborate), and understanding that prevention efforts must involve support and mobilization of the community (just like Block Watch programs assist in crime prevention).

Discussion questions. Which of these models make the most sense to you? Do you think there are other ways to look at these problems? Which of these models do you see at work in this unit? On this post? In the Army? Are they different or the same as what you saw where you grew up as a civilian? Do you think this unit, post, the Army is doing a good job? How would you do it better? How would you suggest the commander do it better?

Conclusion

Soldiers who are involved in drug and alcohol abuse are not combat ready. Their conduct affects their units, their families, and destroys their own lives. It is important that we reinforce responsible behavior and choices with prevention at every level.